

Quantity Purchase Agreement With The State Of Indiana

Vendor
Remit to: CARESTAFF INC
9001 WESLEYAN ROAD
QUAD IV, SUITE 100
INDIANAPOLIS IN 46268

Name and
Address
of Vendor: CARESTAFF INC
Cntct: MICHELE SNIDER
9001 WESLEYAN ROAD
QUAD IV, SUITE 100
INDIANAPOLIS IN 46268

Qty Purchase Agreement QPA Number	Page
000000000000000000009652	1 of 1
Requisition Nbr.: ASA 4-4-64	
Effective Date:	05/15/2004
Expiration Date:	05/14/2005
Agency Number:	
Facility:	ALL STATE AGENCIES
Vendor Federal ID:	352062191
Vendor Telephone Nbr:	317-334-0655
Name Of Contact Pers:	MICHELE SNIDER
FAX Number:	317-334-0644

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.
The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date.
The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.
Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
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This is an award of a Quantity Purchase Agreement for NURSING SERVICES.


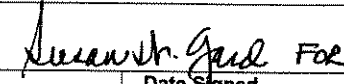
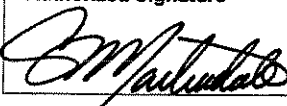
QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

For contract pricing and instructions access www.in.gov/idoa/proc and the following:

1. Click on Quantity Purchase Agreements
2. Click on All QPAs

1	0.00	HUR000000000100009799	Nursing Services/Carestaff	0.0000
<p>The following UN/CEFACT Unit of Measure Common Codes are used in this document: HUR Hour</p>				

Signature of Purchasing Officer	Typed Name	Signature Of Approval	Office Of the
	CAROLYN AWISHES		State Attorney General
Authorized Signature	Date Signed	Typed Name	Date Signed
	April 21, 2004	STEVE CARTER	4-26-04
<p>Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053</p>			

Pricing for Crawfordsville, Fort Wayne, Greenfield, Seymour, LaPorte and Vincennes Districts

Position	1 st Shift rate per hour	2 nd Shift rate per hour	3 rd Shift rate per hour	Overtime rate per hour	Holiday rate per hour
Behavioral Clinician	\$63.95	\$63.95	\$63.95	No Charge	No Charge
LPN	\$40.95	\$42.95	\$44.95	No Charge	No Charge
RN	\$50.95	\$53.95	\$55.95	No Charge	No Charge
Nurse Practitioner	\$95.00	\$95.00	\$95.00	No Charge	No Charge
Charge Nurse	\$55.95	\$58.95	\$60.95	No Charge	No Charge

All Inclusive Pricing – All Districts

Staff	Rate Per Hour
Behavioral Clinician	\$63.95
LPN	\$42.95
RN	\$53.95
Nurse Practitioner	\$95.00
Charge Nurse	\$58.95